Form Approved OMB Number: 2070-0093

Approval Expires: 01/01/2001

Page 1 of 5

**EPA** 

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

**United States** 

Environmental Protection

Agency

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

| Agency and readmonatch and readmonatch and readmonatch and readmonatch   |  |                          |                      |                     |             |             |                |  |                    |                             |                         |                      |                  |                |             |           |      |  |
|--|--|--------------------------|----------------------|---------------------|-------------|-------------|----------------|--|--------------------|-----------------------------|-------------------------|----------------------|------------------|----------------|-------------|-----------|------|--|
| WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center P.O Box 3348 Merrifield, VA 22116-334 ATTN: TOXIC CHEMICA                                       |  |                          |                      |                     |             |             |                | (See instructions in Appendix F)  8  For EPA use only  |                    |                             |                         |                      |                  |                |             |           |      |  |
| Imp  | Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.   |                          |                      |                     |             |             |                |  |                    |                             |                         |                      |                  |                |             |           |      |  |
|  | PART I. FACILITY IDENTIFICATION INFORMATION  |                          |                      |                     |             |             |                |  |                    |                             |                         |                      |                  |                |             |           |      |  |
| SECTION 1. REPORTING YEAR 1999   |  |                          |                      |                     |             |             |                |  |                    |                             |                         |                      |                  |                |             |           |      |  |
| SECTION 2. TRADE SECRET INFORMATION  |  |                          |                      |                     |             |             |                |  |                    |                             |                         |                      |                  |                |             |           |      |  |
| 2.1  | Are you claiming the toxic chemical identified on page 2 trade secret?  Yes (Answer question 2.2; Attach substantiation forms)  X No (Do not answer 2.2; Go to Section 3)  Is this copy  (Answer only if "YES" in 2.1) |                          |                      |                     |             |             |                |  |                    |                             |                         |                      |                  |                |             |           |      |  |
|  | CTION 3. CERT  |                          |                      |                     |             |             |                |  |                    |                             |                         |                      |                  | •              |             |           |      |  |
| inforr<br>using  | eby certify that I had<br>mation is true and c<br>I data available to the  | omplete ar<br>he prepare | nd that<br>ers of th | the amounis report. | unts an     | d val       | ues in this r  | he best<br>eport ar                                    | of my l<br>e accur | knowledge a<br>rate based d | and belief<br>on reason | f, the su<br>able es | ubmitt<br>stimat | ed<br>es       |             |           |      |  |
|  | e and official title of  | owner/ope                | erator c             | or senior i         | manage      | emen        | it official:   |  |                    |                             | Signatur                | re:                  |                  | Date Signed:   |             |           |      |  |
|  | AM H. ROSEN  |                          |                      |                     | ANAGER      |             |                |  |                    |                             | 06/30/2000              |                      |                  |                |             | 000       |      |  |
|  | TION 4. FACI   | LITY IDE                 | NTIF                 | ICATIO              | N           |             |                |  |                    |                             |                         |                      |                  |                |             |           |      |  |
| 4.1  |  |                          |                      |                     |             |             |                | <del></del>  |                    | i                           | 98134-LS                |                      |                  |                |             |           |      |  |
|  | y or Establishment Na  | me                       |                      |                     |             |             |                |  |                    | blishment Na                | me or Maili             | ing Addr             | ess(if           | different from | m street ad | dress)    |      |  |
| Street   | (AN COPPER WORKS   |                          |                      |                     |             |             |                | ļ  |                    | ER WORKS                    |                         |                      |                  |                |             |           |      |  |
|  | TH AVE. S.   |                          |                      |                     |             |             |                | P.O. BO  | Addres             | s                           |                         |                      |                  |                |             |           |      |  |
|  | ounty/State/Zip Code   | 1                        |                      |                     | <del></del> |             |                |  |                    | ate/Zip Code                |                         |                      |                  |                |             |           |      |  |
| SEATT  | LE   | KING                     |                      |                     |             | W           | /A 98134-      | SEATTL   |                    |                             | J                       |                      |                  | WA             | A 98124-    |           |      |  |
| 4.2  | This report conta  | ins informa              | ation fo             | r:                  | ···-        | -           |                | An en  | tire               |                             |                         | art of a             |                  |                | □ A Fe      | deral     |      |  |
|  | (Important : chec  | kaorb;ch                 | heck c               | if applica          | ble)        |             | a. X           | facility   | <i>'</i>           | b.                          |                         | acility              |                  | с              | facili      |           |      |  |
| 4.3  | Technical Contac   | t Name                   |                      | SHAWN I             | RAJABI      |             |                |  |                    |                             |                         |                      |                  | hone Numb      |             | area code | ≘)   |  |
|  | ,  |                          |                      |                     |             | <del></del> |                | (925) 944 - 9000  Telephone Number (include area code) |                    |                             |                         |                      |                  |                |             |           |      |  |
| 4.4  | Public Contact N   | ame                      |                      | JAMES C             | . BROW      | /N          | •              | (206) 623 - 5800                                       |                    |                             |                         |                      |                  | area coue      | 7           |           |      |  |
| 4.5  | SIC Code (s) (4 c  | digits)                  | -                    |                     | nary<br>498 |             | <b>b</b> . 344 | 13   |                    | 3471                        | d.                      |                      |                  |                |             | f.        |      |  |
| 46   | Latitude   | Degr                     | ees                  |                     | Minutes     |             | Secor          |  | <b>c.</b> 3471     |                             | Degrees                 |                      |                  | e.<br>Minutes  |             |           | onds |  |
| 4.6  | Latitude   | 04                       | 7                    |                     | 34          |             | 23             |  | 1 L                | ongitude                    | 122                     |                      |                  | 19             |             |           | 9    |  |
| 4.7 Dun & Bradstreet Number(s) (9 digits)  4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)   |  |                          |                      |                     |             |             | 1 44 . 77 1    | -  | NPDES Pe           |                             | 4.10                    |                      | derground        |                |             |           |      |  |
| Number(s) (9 digits) (RCRA I.D. No.) (12 characters) Number(s) (9 characters) (UIC) I.D. Number(s) (12 digits)  a. 009255571 a. WAD980738546 a. NA a. NA |  |                          |                      |                     |             |             |                |  |                    |                             |                         |                      |                  |                |             |           |      |  |
| b. N   |  |                          | b. N/                |                     |             |             |                | b.   |                    |                             |                         | b.                   |                  |                |             |           |      |  |
|  | TION 5. PARE   |                          | //PAN                | Y INFO              | RMA         | TIO         | N              |  |                    |                             |                         |                      |                  |                |             |           |      |  |
| 5.1  | Name of Parent (   | Company                  | _                    | NA                  |             |             | ALASKAN        | COPPE  | ER CO              | MPANIES, I                  | NC.                     |                      |                  |                |             |           |      |  |

NΑ

Parent Company's Dun & Bradstreet Number

5.2

009255571

## EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION

| TRI Facility ID Number                  | _  |
|---|----|
| 98134-LSKNC-32006                       |    |
| Toxic Chemical, Category or Generic Nar | ne |
| NITRIC ACID                             | _  |
|   |    |

|   |  | NITRIC ACID     |  |                 |  |  |  |  |  |  |  |  |
|---|--|-----------------|--|-----------------|--|--|--|--|--|--|--|--|
| SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)    |  |                 |  |                 |  |  |  |  |  |  |  |  |
| 1.1   | 1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) |                 |  |                 |  |  |  |  |  |  |  |  |
|   | 007697372 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)                     |                 |  |                 |  |  |  |  |  |  |  |  |
| 1.2   | NITRIC ACID  |                 |  |                 |  |  |  |  |  |  |  |  |
| 1.3   | Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)               |                 |  |                 |  |  |  |  |  |  |  |  |
| SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.) |  |                 |  |                 |  |  |  |  |  |  |  |  |
|   | Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including pumplers, letters, spaces, and punctuation)                 |                 |  |                 |  |  |  |  |  |  |  |  |
| 2.1   | NA   |                 |  |                 |  |  |  |  |  |  |  |  |
| SEC   | TION 3. ACTIVITIES AND   | USES OF TH      | IE TOXIC CHEMICAL AT THE   | FACILITY        |  |  |  |  |  |  |  |  |
|   | (Important: Check all  | that apply.)    |  |                 |  |  |  |  |  |  |  |  |
| 3.1   | Manufacture the toxic che  | mical: 3.       | 2 Process the toxic chemical   | 3.3             | Otherwise ι  | use the toxic chemical:  |  |  |  |  |  |  |
| а.  |  | oort            |  |                 |  |  |  |  |  |  |  |  |
| c.  | If produce or import:  For on-site use/processing  | ı İ a           | As a reactant  |                 | As a sharrisal way                                     |  |  |  |  |  |  |  |
| d.  | For sale/distribution  | '   °           |  | a. b. X         | As a chemical processing aid  X As a manufacturing aid |  |  |  |  |  |  |  |
| e.  | As a byproduct   |                 |  | 0.   ^<br>  c.  | _  | •  |  |  |  |  |  |  |
| f.  | As an impurity   |                 |  | "               | _ Ancillary C  | or other use   |  |  |  |  |  |  |
| SEC   | TION 4. MAXIMUM AMOU   |                 | OXIC CHEMICAL ONSITE A   | T ANY TIME      | E DUBING   | TUE CALENDAR VEAR  |  |  |  |  |  |  |
| 4.1   |  |                 | n instruction package.)  | TANT HIVI       | - DUKING   | THE CALENDAR YEAR  |  |  |  |  |  |  |
| SECT  |  |                 | EMICAL ENTERING EACH E   | NVIRONME        | NTAL MEI   | NIIM ONSITE  |  |  |  |  |  |  |
|   |  |                 | A. Total Release (pounds/year)   | B. Basis of     |  | C. % From Stormwater   |  |  |  |  |  |  |
|   | F  |                 | (Enter range code or estimate*)  | (enter co       |  | o. // From Glorinwater   |  |  |  |  |  |  |
| 5.1   | Fugitive or non-point air emissions  | NA              | 5  | c               | )  |  |  |  |  |  |  |  |
| 5.2   | Stack or point air emissions   | NA X            | NA   |                 |  |  |  |  |  |  |  |  |
| 5.3   | Discharges to receiving streams water bodies (enter one name pe  | or<br>r box)    |  | Tomas<br>Talkan |  | The second secon |  |  |  |  |  |  |
|   | Stream or Water Body Nar   | ne              | The state of the s |                 |  | erak ing strate ig sters to the profession in a strategy   |  |  |  |  |  |  |
| 5.3.1   | NA   |                 |  |                 |  |  |  |  |  |  |  |  |
| 5.3.2   |  |                 |  |                 |  |  |  |  |  |  |  |  |
| 5.3.3   |  |                 |  |                 |  |  |  |  |  |  |  |  |
| 5.4.1   | Underground Injection onsite to Class I Wells  | NA X            | NA   |                 |  |  |  |  |  |  |  |  |
|   | Underground Injection onsite to Class II-V Wells   | NA X            | NA   |                 |  |  |  |  |  |  |  |  |
| If additi   | onal pages of Part II, Section 5.3<br>licate the Part II, Section 5.3 pag  | 3 are attached, | indicate the total number of pages is box. 1 (example: 1,2,3, e  |                 | 1  |  |  |  |  |  |  |  |
|   | pay  |                 | ロンマル・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・   | IG.1            |  | l l  |  |  |  |  |  |  |

EPA form 9350-1(Rev. 04/97) - Previous editions are obsolete.

<sup>\*</sup> Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

## EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

| TRI Facility ID Number                   |
|--|
| 98134-LSKNC-32006                        |
| Toxic Chemical, Category or Generic Name |
| NITRIC ACID                              |

| PAR   | Toxic Chemical, Category or Generic Name  NITRIC ACID |                  |   |        |   |          |          |                          |          |      |                                   |     |        |
|---|---|------------------|---|--------|---|----------|----------|--------------------------|----------|------|-----------------------------------|-----|--------|
| SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)   |   |                  |   |        |   |          |          |                          |          |      |                                   |     |        |
|   |   |                  |   | NA     | A. Total F                              |          |          | year) (ente<br>estimate) | er range |      | Basis of Estimate<br>(enter code) |     |        |
| 5.5   | Disposal t  | to land onsite   |   |        |   | 1        |          |                          |          |      | and the second second             |     |        |
| 5.5.1A  | RCRA Su   | btitle C landfil | ls                                      | X      | NA                                      |          |          |                          |          |      |                                   |     |        |
| 5.5.1B  | Other land  | dfills           | *************************************** | ×      | NA                                      |          |          |                          |          |      |                                   |     |        |
| 5.5.2   | Land trea   | tment/applicat   | tion                                    | ×      | NA                                      |          |          |                          |          |      |                                   |     |        |
| 5.5.3   | Surface Ir  | mpoundment       |   | Х      | NA                                      |          |          |                          |          |      |                                   |     |        |
| 5.5.4   | Other disp  | oosal            |   | X      | NA                                      |          |          |                          |          |      |                                   |     |        |
| SECTION   | ON 6. TR  | ANSFERS          | OF THE                                  | тох    | IC CHEM                                 | IICAL II | N WAS    | TES TO                   | OFF-S    | ITE  | LOCATIONS                         |     |        |
| 6.1 DIS   | CHARG   | ES TO PUE        | BLICLY C                                | WNI    | ED TREA                                 | TMEN     | r wor    | KS (PO                   | ΓWs)     |      |                                   |     |        |
| 6.1.A T   | otal Quan   | tity Transfe     | rred to PC                              | DTWs   | and Basi                                | is of Es | timate   |                          |          |      |                                   |     |        |
| 6.1.A.1.  |   | nsfers (pou      |   |        |   |          | 6.1.4    | .2 Basis                 |          | nate | •                                 |     |        |
|   | (enter ran  | ge code* or      | estimate)                               |        |   |          | <u> </u> | (enter                   | code)    |      |                                   |     |        |
|   | 0   | T                |   |        |   |          |          | M                        | ·····    |      |                                   |     | ····   |
| 6.1.B.1   |   | POTW Name        | METRO                                   |        |   |          |          |                          |          |      |                                   |     |        |
| POTW A  | Address   |                  | 821 SECC                                | ND A   | VENUE                                   |          |          |                          |          |      |                                   |     |        |
| City S  | EATTLE  |                  |   |        |   | State    | WA       | County                   | KING     |      |                                   | Zip | 98104- |
| 6.1.B.2   |   | POTW Name        |   |        | *************************************** |          |          | 3                        | •        |      |                                   |     |        |
| POTW A  | \ddress   |                  |   |        |   |          |          |                          |          |      |                                   |     |        |
| City  |   |                  |   |        |   | State    |          | County                   |          |      |                                   | Zip |        |
| If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box 1 and indicate the Part II, Section 6.1 page number in this box 1 (example: 1,2,3, etc.) |   |                  |   |        |   |          |          |                          |          |      |                                   |     |        |
| SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS   |   |                  |   |        |   |          |          |                          |          |      |                                   |     |        |
| 6.2. <u>1</u>   | Off-Site  | EPA Identific    | cation Nun                              | nber ( | (RCRA ID                                | No.)     |          | NA                       |          |      |                                   |     |        |
| Off-Site  | Location Na   | ıme NA           |   |        |   |          |          |                          |          |      |                                   |     |        |
| Off-Site  | Address   |                  |   |        |   |          |          |                          |          |      |                                   |     |        |
| City  |   |                  |   |        | State                                   | C        | County   |                          |          |      |                                   | Zip |        |
| le locatio  | on under co   | ntral of reporti | na facility o                           | r naro | nt company                              | ,,,      |          |                          |          |      | Vec                               |     | No     |

<sup>\*</sup> Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

|   | er,  |                         | TRI Facility ID Number |                       |                      |                                  |                     |  |                                 |  |  |  |  |
|---|--|-------------------------|------------------------|-----------------------|----------------------|----------------------------------|---------------------|--|---------------------------------|--|--|--|--|
|   |  | EPA I                   |                        | 98134-LSKNC-32006     |                      |                                  |                     |  |                                 |  |  |  |  |
| PART II. C  | HEMICAL-SP   | ECIFIC                  | ED)                    | Toxic Chemical, Cated | gory or Generic Name |                                  |                     |  |                                 |  |  |  |  |
| SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)   |  |                         |                        |                       |                      |                                  |                     |  |                                 |  |  |  |  |
| A. Total Transfe  |  |                         | B. Basi                |                       |                      | (                                |                     | C. Type of Waste Treats                        | ment/Disposal/                  |  |  |  |  |
| (enter range  | code* or estimate)   |                         | (ente                  | er code)              | )                    |                                  |                     | Recycling/Energy Recovery (enter code)         |                                 |  |  |  |  |
| 1.  |  |                         | 1.                     |                       |                      |                                  | 1.                  |  |                                 |  |  |  |  |
| 2.  |  |                         | 2.                     |                       |                      |                                  |                     | 2.   |                                 |  |  |  |  |
| 3.  |  |                         | 3.                     |                       |                      |                                  |                     | 3.   | <b>s</b> .                      |  |  |  |  |
| 4.  |  |                         | 4.                     |                       |                      |                                  |                     | 4.   |                                 |  |  |  |  |
| 6.2. 2 Off-Site EPA Identification Number (RCRA ID No.)   |  |                         |                        |                       |                      |                                  |                     |  |                                 |  |  |  |  |
| Off-Site location Name  |  |                         |                        |                       |                      |                                  |                     |  |                                 |  |  |  |  |
| Off-Site Address  |  |                         |                        |                       |                      |                                  |                     |  |                                 |  |  |  |  |
| City  |  |                         |                        |                       | State                | County                           |                     |  | Zip -                           |  |  |  |  |
| Is location un  | der control of rep   | orting fa               | cility or              | parent                | company              | ?                                |                     | Yes  | No                              |  |  |  |  |
| A. Total Transfers (pounds/year)  (enter range code* or estimate)  B. Basis of Estimate C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code) |  |                         |                        |                       |                      |                                  |                     |  |                                 |  |  |  |  |
| 1.  |  |                         | 1.                     |                       |                      |                                  |                     | 1.   |                                 |  |  |  |  |
| 2.  |  |                         | 2.                     |                       |                      |                                  |                     | 2.   |                                 |  |  |  |  |
| 3.  |  |                         | 3.                     |                       |                      |                                  |                     | 3.   |                                 |  |  |  |  |
| 4.  |  |                         | 4.                     |                       |                      |                                  |                     | 4.   |                                 |  |  |  |  |
| SECTION 7A  | . ON-SITE WAS  | TE TRE                  | ATMEN                  | T ME                  | THODS A              | ND EFFICI                        | ENCY                |  |                                 |  |  |  |  |
| Not A   | oplicable (NA) -   |                         |                        |                       |                      | applied to any<br>or chemical ca |                     |  |                                 |  |  |  |  |
| a. General<br>Waste Stream<br>(enter code)  | b. Waste Tro<br>[enter 3-c   | eatment M<br>haracter o |                        | Sequend               | ce                   | c. Range o<br>Concent            | f Influen<br>ration | t d. Waste Treatment<br>Efficiency<br>Estimate | e. Based on<br>Operating Data ? |  |  |  |  |
| 7A.1a   | 7A.1b  | 1                       | C01                    | 2                     | C09                  | 7A.1                             | lc                  | 7A.1d  | 7A.1e                           |  |  |  |  |
| w   | 3 C11  | 4 7                     | NA                     | 5 8                   |                      | 1                                |                     | 100 %  | Yes No                          |  |  |  |  |
| 7A.2a   | 7A. 2b   | 1                       |                        | 2                     | <del>-</del>         | 7A.2                             | 2c                  | 7A.2d  | 7A.2e                           |  |  |  |  |
|   | 3  | 4                       |                        | 5                     |                      |                                  |                     | %  | Yes No                          |  |  |  |  |
|   | 6  | 7                       |                        | 8                     |                      |                                  |                     |  |                                 |  |  |  |  |
| 7A.3a   | 7A.3b  | 1                       |                        | 2                     |                      | 7A.:                             | 3c                  | 7A.3d  | 7A.3e                           |  |  |  |  |
|   | 3 6  | 4 7                     |                        | 5                     |                      |                                  |                     | %  | Yes No                          |  |  |  |  |
| 7A.4a   | 7A.4b  | 1                       |                        | 2                     |                      | 7A.                              | 4c                  | 7A.4d  | 7A.4e                           |  |  |  |  |
|   | 3  | 4                       |                        | 5                     |                      |                                  |                     |  | Yes No                          |  |  |  |  |
|   | 6  | 7                       | 8                      |                       |                      |                                  | %                   |  |                                 |  |  |  |  |
| 7A.5a   | 7A.5b  | 1                       |                        | 2                     |                      | 7A.                              | 5c                  | 7A.5d  | 7A.5e                           |  |  |  |  |
|   | 3  | 4                       |                        | 5                     |                      |                                  |                     | %  | Yes No                          |  |  |  |  |
|   | 6  | 7                       |                        | 8                     |                      |                                  |                     |  |                                 |  |  |  |  |
|   | If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box:  1 (example: 1,2,3, etc) |                         |                        |                       |                      |                                  |                     |  |                                 |  |  |  |  |

EPA Form 9350-1 (Rev. 04/97) - Previous editions are obsolete.

<sup>\*</sup> Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

|  | EPA FO   | TRI Facility ID Nu                                       | TRI Facility ID Number       |                      |     |                       |  |  |  |  |  |  |
|--|--|--|------------------------------|----------------------|-----|-----------------------|--|--|--|--|--|--|
| D۸   | RT II. CHEMICAL-SPECIF   | 98134-LSKNC-32   | 98134-LSKNC-32006            |                      |     |                       |  |  |  |  |  |  |
| ΓM   | III. OIILIMOAL-OI LOII   | Toxic Chemical, C  | Category                     | or Generic Name      |     |                       |  |  |  |  |  |  |
|  |  | NITRIC ACID  |                              |                      |     |                       |  |  |  |  |  |  |
|  |  | A) (ED) ( DD 4   | )FO                          |                      |     |                       |  |  |  |  |  |  |
| SECT   | ON 7B. ON-SITE ENERGY REC  |  |                              |                      |     |                       |  |  |  |  |  |  |
| X  | X Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical category.                              |  |                              |                      |     |                       |  |  |  |  |  |  |
| Energy Recovery Methods [enter 3-character code(s)]  |  |  |                              |                      |     |                       |  |  |  |  |  |  |
| 1 NA 2 3 4   |  |  |                              |                      |     |                       |  |  |  |  |  |  |
| SECT   | ION 7C. ON-SITE RECYCLING F  | PROCESSES  |                              |                      |     |                       |  |  |  |  |  |  |
| x  | Not Applicable (NA) - Check here if r<br>stream contain  | no on-site recycling is ap<br>uing the toxic chemical or |                              |                      |     |                       |  |  |  |  |  |  |
| Re   | ecycling Methods [enter 3-character code   | (s)]   |                              |                      |     |                       |  |  |  |  |  |  |
| 1. N   | A 2.   | 4.   |                              | 5                    | 5.  |                       |  |  |  |  |  |  |
| 6.   | 7.   | 8.   | 9.                           |                      | 10  | D                     |  |  |  |  |  |  |
| SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES |  |  |                              |                      |     |                       |  |  |  |  |  |  |
| Column A Column B Column C Column D                  |  |  |                              |                      |     |                       |  |  |  |  |  |  |
|  |  | Prior Year   | Current Reporting Year       | Following Yea        | г   | Second Following Year |  |  |  |  |  |  |
|  |  | (pounds/year)  | (pounds/year)                | (pounds/year)        |     | (pounds/year)         |  |  |  |  |  |  |
| 8.1  | Quantity released **   | 5  | 5                            |                      | 5   | 5                     |  |  |  |  |  |  |
| 8.2  | Quantity used for energy recovery onsite   | 0  | 0                            |                      | 0   | 0                     |  |  |  |  |  |  |
| 8.3  | Quantity used for energy recovery offsite  | 0  | 0                            |                      | 0   | 0                     |  |  |  |  |  |  |
| 8.4  | Quantity recycled onsite   | 0  | 0                            |                      | 0   | 0                     |  |  |  |  |  |  |
| 8.5  | Quantity recycled offsite  | 0  | 0                            |                      | 0   | 0                     |  |  |  |  |  |  |
| 8.6  | Quantity treated onsite  | 16400  | 15600                        | 160                  | 000 | 16000                 |  |  |  |  |  |  |
| 8.7  | Quantity treated offsite   | 0  | 0                            |                      | 0 0 |                       |  |  |  |  |  |  |
| 8.8  | Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year) |  |                              |                      |     |                       |  |  |  |  |  |  |
| 8.9  | Production ratio or activity index   |  |                              | 0090.00              |     |                       |  |  |  |  |  |  |
| 0.40   | Did your facility engage in any source re<br>enter "NA" in Section 8.10.1 and answe  | eduction activities for this<br>r Section 8.11.          | chemical during the repo     | orting year? If not, |     |                       |  |  |  |  |  |  |
| 8.10   | Source Reduction Activities [enter code(s)]  | M  | lethods to Identify Activity | (enter codes)        |     |                       |  |  |  |  |  |  |
| 8.10.1   | NA   | a.   | b.                           |                      | c.  |                       |  |  |  |  |  |  |
| 8.10.2   |  | a.   | b.                           |                      | c.  |                       |  |  |  |  |  |  |
| 8.10.3   |  | a.   | b.                           |                      | c.  |                       |  |  |  |  |  |  |
| 8.10.4   |  | a.   | b.                           |                      | C.  |                       |  |  |  |  |  |  |
| 8.11   | Is additional information on source reduction, recycling, or pollution control activities  YES NO included with this report? (Check one box)                         |  |                              |                      |     |                       |  |  |  |  |  |  |

Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.